

City of Lowell Dual Option Plan Comparison

Trying to decide between plans? Here is a comparison of some of the key similarities and differences between the High Plan and the Low Plan.

High Plan	Low Plan
Deductible - \$25 per individual/\$75 per family	Deductible - \$25 per individual/\$75 per family
Calendar Year Maximum – \$1,000	Calendar Year Maximum – \$500
<u>100% Coverage on:</u>	<u>100% Coverage on:</u>
Diagnostic Preventive	Diagnostic Preventive
<u>50% Coverage on the following:</u> member pays 50% coinsurance	<u>50% Coverage on the following:</u> member pays 50% coinsurance
Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care	Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care
<u>50% Coverage on the following:</u> member pays 50% coinsurance	<u>No Coverage on Low Plan for Major Restorative Services:</u>
Crowns	No Coverage
Implant is covered as Type III to replace one missing tooth (in lieu of a three-unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant. Pretreatment estimate advised.	
Prosthodontics: Dentures once within 60 months. Fixed Bridges & Crowns: when part of a bridge/ once within 60 months.	No Coverage
Rollover Maximum Benefit – Under the High plan, you must have at least one cleaning or exam during the plan year and have used less than the claim threshold of \$500 to qualify for Rollover dollars. If you qualify each year you can roll over \$350 with a maximum accumulated amount of \$1,000.	Rollover Maximum Benefit – N/A.

Rollover Maximum for City of Lowell

The following applies for each member enrolled in the Delta Dental PPO *Plus Premier High* Plan:

The *Annual Maximum (CYM)* for covered services for each member is \$1,000 per calendar year (January-December).

- Each member is eligible to roll over a portion of their unused *annual maximum (\$1,000)* to the following calendar year provided the following requirements are met:
 - The member must have 1 cleaning and/or oral exam per calendar year
 - Incurred claims for the calendar year cannot exceed \$500
 - **The member must be on the plan for more than 3 months in the calendar year**
- The present maximum rollover dollars available is \$350.
- The accumulated rollover total cannot exceed \$1,000.
- Retroactive claims will affect the *Rollover Max* (ROM) balance.
- Regular maximum benefit dollars are used first; ROM benefit dollars are used second.
- **To find out if you were eligible for rollover dollars go to www.deltadentalma.com to register or call Customer Service at 800-872-0500.**

For more detailed information please refer to your benefit plan summaries.